



Transformative Psychology

helping people transform their lives

Client Consent Form (Private & Confidential)

Psychology Service

Your psychologist will need to collect and record personal information from you that is relevant to your present situation and the psychology service being provided to you. You do not have to give all your personal information, only that which is relevant to providing the psychology service to you.

Purpose of collecting and recording information

The information is gathered as part of the assessment, diagnosis (when required) and management / treatment of your condition. This is seen only by your psychologist. The information is retained securely in order to document what happens during consultations, enabling your psychologist to provide a relevant and informed psychology service.

Please refer to the 'Management of Personal Information Policy' for further information. This is a separate document. Your psychologist can provide a copy. This Policy contains information about how to access and seek correction of your personal information, and how to lodge a complaint about our management of your personal information.

Consequence of not providing personal information

If you do not wish for your personal information to be collected in a way anticipated by this letter or the 'Management of Personal Information Policy', Charles Thermos may not be in a position to provide the psychology service to you. You may request to be anonymous or to use a pseudonym, unless it is impracticable for Charles Thermos to deal with you or if he is required or authorised by law to deal with identified individuals. In most cases it will not be possible for you to be anonymous or to use a pseudonym, however if Charles Thermos agrees to you being anonymous or using a pseudonym, you must pay consultation fees at the time of the appointment.

Disclosure of personal information

All personal information gathered by your psychologist will remain confidential, private and secure except when:

1. it is subpoenaed by a court, or disclosure is otherwise required by law; or,
2. failure to disclose the information would in the reasonable belief of Charles Thermos place you and/or another person at serious risk to life, health or safety; or,
3. your prior approval has been obtained to provide a written report or verbal communication to another professional or agency (e.g. medical practitioner or lawyer), or to discuss the material with another person (e.g. a parent, employer, health provider, or third party funding provider); or to disclose the information in another way; or,
4. you would reasonably expect your personal information to be disclosed to another professional or agency (e.g. your medical practitioner) and disclosure of your personal information to that third party is for a purpose which is directly related to the primary purpose for which your personal information was collected; or,
5. it is a requirement through a particular program that a progress report is sent by Charles Thermos to a medical practitioner or when information about your mental health and well-being needs to be shared between Charles Thermos and your GP to assist in the management of your health (e.g. Medicare Better Access Program); or when a progress report, if required, is sent to a third party funding the service (e.g. Transport Accident Commission (TAC), Victorian WorkSafe Authority (VWA), Department of Veterans' Affairs (DVA)).

Your personal information is not disclosed to overseas recipients, unless you consent or such disclosure is otherwise required by law. Your personal information will not be used, sold, rented or disclosed for any other purpose.

Transformative Psychology - 244 Malvern Road, Prahran VIC, 3181

ABN 83869287522



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Access to Client Information

As a client of a psychologist you are entitled to access information about you that is kept on file at any stage, unless the relevant legislation stipulates otherwise. Your psychologist may discuss appropriate forms of access with you and an administration fee may be incurred for this purpose.

Fees

The current fee for a one hour consultation (usually 50-55 minutes) is \$220.00 for an individual or \$250.00 for a couple / group, which is payable before or at the end of the consultation by bank transfer or cash. Payments with a credit card are not available. A paid tax invoice will be issued once payment has been received. If full or part payment is covered by a third party (e.g. TAC, VWA, DVA, VACU), then Charles Thermos will inform you of fee information and associated processes.

Cancellation Policy

If a consultation needs to be cancelled, postponed or rescheduled, you will need to give Charles Thermos a minimum of 48 hours notice, otherwise you will be charged the full consultation fee, unless the consultation can be offered to another person or if it is a medical emergency (a letter from your medical practitioner will be required). If you do not attend at all you will be charged the full consultation fee.

For Medicare or other third party funded psychology services, a consultation cannot be used to cover a cancelled consultation. A cancelled consultation cannot be counted as one of your allowable Medicare psychology services. All Medicare psychology services are delivered in person or via Telehealth or Telephone.

The fee for a cancelled consultation that is funded by a third party funded psychology service (e.g. TAC, VWA, DVA, AMBVIC) will be incurred by you when the minimum of 48 hours notice required is not provided.

Please refer to the 'Professional Fees, Rebates and Cancellation Policy' for further information. This is provided as a separate document. Your psychologist can provide a copy.

Charter for Clients of Psychologists

This Charter explains your rights as a client of a psychologist. Your psychologist can provide a copy.

Please Note: If you have any questions or are still unclear about what is written after reading this document please discuss this with Charles Thermos prior to or at your first appointment.

Consent

I, (print your name in Block Capitals)....., have read and understood the information in this Client Consent Form and have discussed any related matters with Charles Thermos. I have been provided with information about the psychology service, including the limitations to privacy and confidentiality, and I agree to the above conditions for the psychology service to be provided by him. I give permission to him to contact my nominated person, if he becomes concerned about my welfare, and/or if he cannot contact me, and/or if something happens to me during the consultation. I know I can obtain a copy of the 'Management of Personal Information Policy' and 'Professional Fees, Rebates and Cancellation Policy'.

Client signature **Date**

I, **Charles Thermos**, have discussed the Client Consent Form with the client mentioned in this form and I am satisfied that the client understands and accepts its contents.

Psychologist signature..... **Date**.....

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M 0438 055 565 - charles@transformativepsychology.com.au - www.transformativepsychology.com.au 2